

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	GKNG 1266 PCT
	First Named Inventor	HEIKO KOSSACK, ET AL.
	COMPLETE IF KNOWN	
	Application Number	10 / 562,429
	Filing Date	DECEMBER 27, 2005
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LONGITUDINAL PLUNGING UNIT PERMITTING AXIAL POSITIONING OF THE CAGE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/27/2005

as United States Application Number or PCT International

Application Number 10/562,429 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP 2004/012312	Germany	10/29/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

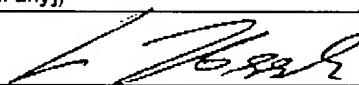
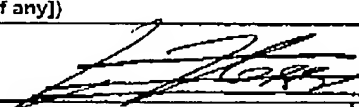
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		027256		OR <input checked="" type="checkbox"/>		Correspondence address below	
ROBERT P. RENKE ARTZ & ARTZ, P.C.									
Name									
28333 TELEGRAPH ROAD SUITE 250									
Address									
City SOUTHFIELD					State MI		ZIP 48034		
Country U.S.A.				Telephone 248-223-9500			Fax 248-223-9522		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])					Family Name or Surname				
HEIKO					KOSSACK				
Inventor's Signature 								Date 01.02.06	
Residence: City KÖLN				State		GERMANY Country		GERMAN Citizenship	
Mailing Address FROHNHOFSTRASSE 24									
City KÖLN				State		ZIP D-50827		Country GERMANY	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])					Family Name or Surname				
ARNE					BERGER				
Inventor's Signature 								Date 07.02.06	
Residence: City MUCH				State		GERMANY Country		GERMANY Citizenship	
Mailing Address ROSSHOHN 3									
City MUCH				State		ZIP D-53804		Country GERMANY	
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

[Page 2 of 2]

PTO/SB/02A (09-04)

Approved for use through 07/31/2006. OMB 0661-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page <u>3</u> of <u>4</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
OLAF		WOLF	
Inventor's Signature <i>Wolff, Olaf</i>		Date <i>30.01.06</i>	
SIEGBURG Residence: City	State	GERMANY Country	GERMAN Citizenship
WOLSDORFER STRASSE 133			
Mailing Address			
SIEGBURG City	State	D-53721 Zip	GERMANY Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEPHAN		MAUCHER	
Inventor's Signature <i>Stephan Maucher</i>		Date <i>1.2.06</i>	
SIEGBURG Residence: City	State	GERMANY Country	GERMAN Citizenship
SCHARNHORSTSTRASSE 6			
Mailing Address			
SIEGBURG City	State	D-53721 Zip	GERMANY Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
THOMAS		WECKERLING	
Inventor's Signature <i>Thomas Weckerling</i>		Date <i>07.02.2006</i>	
LOHMAR Residence: City	State	GERMANY Country	GERMAN Citizenship
HÜTTENWEG 13			
Mailing Address			
LOHMAR City	State	D-53797 Zip	GERMANY Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

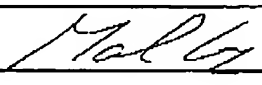
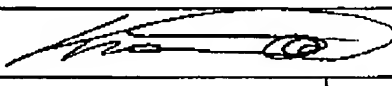
If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/02A (09-04)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page <u>4</u> of <u>4</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MARTIN		GARZORZ	
Inventor's Signature 		Date 10.02.2006	
ERLEENSEE Residence: City	State	GERMANY Country	GERMAN Citizenship
RÜDIGHEIMER WEG 23			
Mailing Address			
ERLEENSEE City	State	D-63526 Zip	GERMANY Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CHRISTIAN		KRÄMER	
Inventor's Signature 		Date 10.02.06	
HATTERSHEIM Residence: City	State	GERMANY Country	GERMAN Citizenship
NEUSTRASSE 1			
Mailing Address			
HATTERSHEIM City	State	D-65795 Zip	GERMANY Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (11-04)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/562,429
Filing Date	DECEMBER 27, 2005
First Named Inventor	HEIKO KOSSACK, ET AL
Title	LONGITUDINAL PLUNGING UNIT PERMITTING AXIAL POSITIONING OF THE CASE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1266 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

027256

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

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OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	STEPHAN MAUCHER	Date	1.2.06
Name	<i>Stephan Maucher</i>	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	10/562,429
Filing Date	DECEMBER 27, 2005
First Named Inventor	HEIKO KOSSACK, ET AL.
Title	LONGITUDINAL PUMPING UNIT PERMITTING AXIAL POSITONING OF THE CAGE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1266 PCT

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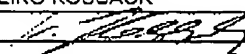
Telephone

Fax

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	HEIKO KOSSACK	Date	01.02.06
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

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Title	LONGITUDINAL PLUMBING UNIT PERMITTING AXIAL POSITIONING OF THE CASE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1266 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	THOMAS WECKERLING	Date	07.02.2006
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Title	LONGITUDINAL PLUNGING UNIT PERMITTING AXIAL POSITIONING OF THE CASE
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Examiner Name	
Attorney Docket Number	GKNG 1266 PCT

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	OLAF WOLF	Date	30.01.06
Name	<i>Olaf Wolf</i>	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Title	LONGITUDINAL PLUNGING UNIT PERMITTING AXIAL POSITIONING OF THE CAGE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1268 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

027256

OR

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Name	Registration Number

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Address

City

State

Zip

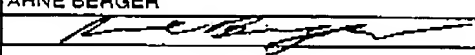
Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	ARNE BERGER	Date	02-02-06
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1266 PCT

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	MARTIN GARZORZ	Date	10.02.2006
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (11-04)

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INDICATION FORM**

Application Number	10/562,429
Filing Date	DECEMBER 27, 2005
First Named Inventor	HEIKO KOSSACK, ET AL
Title	LONGITUDINAL FLUIDIC UNIT PERMITTING AXIAL POSITIONING OF THE CAGE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1268 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

027256

OR

☐ Practitioner(s) named below:

Name	Registration Number

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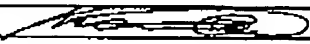
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	CHRISTIAN KRÄMER 	Date	10.02.06
Name		Telephone	
Title and Company			

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